

Date Received _____	Date Approved _____	Notes _____
Initials _____	Initials _____	_____



Certified Peer Recovery Specialist Application

State to State Application

Working as a Certified Peer Recovery Specialist in Tennessee can be an immensely rewarding occupation. It is a way to help others experience the recovery that you have experienced yourself.

Name _____ Today's Date _____

Other Names

All training applicants are screened against the Tennessee Sex Offender Registry and the Tennessee Abuse Registry prior to application approval. Applicants on the sex offender registry are handled on a case by case basis and can still be approved for certification in some situations. Please list your name assigned at birth (if different) and any other names used (for example, previous married names):

Address _____ Gender _____ Veteran ☐ YES ☐ NO

City, State, ZIP _____

Phone (w/area code) _____

Email (required) _____

Social Security Number (Required) _____ Date of Birth _____

1. Are you currently certified in a state other than Tennessee?

☐ YES ☐ NO

Current state of certification _____

Who do we contact at that state to verify your current certification?

Name _____

Email address _____

Phone _____

2. Have you had a minimum of 24 consecutive months in self-directed recovery from mental illness, substance abuse, or co-occurring disorders? ☐ YES ☐ NO
3. Have you disclosed to peers, staff, or the general public that you have lived experience with mental illness, substance abuse, or co-occurring disorder? ☐ YES ☐ NO

Indicate your highest level of education.

- ☐ High School Diploma ☐ GED or equivalent
- ☐ Vocational certificate, specialty _____
- ☐ Associate's Degree, concentration _____
- ☐ Bachelor's ☐ Master's ☐ PhD, major _____
- ☐ LADAC ☐ Other, specify _____

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny my certification.

Your signature _____ Date _____

Your printed name _____

Name preferred on certificate _____

If you have any questions about how to complete this application, contact the Peer Recovery Coordinator at 800-560-5767 or cprs.tdmhsas@tn.gov.

Once complete, fax or scan and email your application plus a copy of your high school diploma (or equivalent) or unofficial college transcripts to the address below. You will be notified if your application is accepted.

Peer Recovery Coordinator
Tennessee Department of Mental Health and Substance Abuse
Services 5th Floor Andrew Jackson Building
500 Deaderick Street
Nashville, Tennessee 37243
Fax: 615-253-3920
Email: cprs.tdmhsas@tn.gov

